FORM D

ARCCEIVED

OCT 2 4 2005

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	je burden
hours per respon-	

SEC US	E ONLY						
Prefix	Serial						
DATE RECEIVED							
. 1	1						

Name of Offering (7) check if this is an amendment and name has changed, and indicate change.) \$4,493,104 Common Stock and Warrant Units	1011028
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Netsmart Technologies, Inc.	05069726
Address of Executive Offices (Number and Street, City, State, Zip Code) 3500 Sunrise Highway, Great River, New York 11739	Telephone Number (Including Area Code) 631-968-2000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provider of healthcare information techno	logy systems
Type of Business Organization [X] corporation limited partnership, already formed other (pl	PROCESSED
business trust limited partnership, to be formed	NOV 0 1 2005
Month Year Actual or Estimated Date of Incorporation or Organization: O 9 92 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Security of the section of the secti		
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 	10% or more of	a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and manag 	ing partners of p	artnership issuers; and
 Each general and managing partner of partnership issuers. 		•
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Conway, James L.	K Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
3500 Sunrise Highway, Great River, New York 11739		
Business or Residence Address (Number and Street, City, State, Zip Code)		*
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Koop, Gerald 0.	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
3500 Sunrise Highway, Great River, New York 11739		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Grisanti, Anthony F.	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
3500 Sunrise Highway, Great River, New York 11739	•	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Phillips, John	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
3500 Sunrise Highway, Great River, New York 11739		•
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or
Sicinski, Joseph G.	<u> </u>	Managing Partner
Full Name (Last name first, if individual)		
35 Woodhollow Road, Great River, New York 11739		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Beccutive Officer	X Director	General and/or
Calcagno, Francis J.		Managing Partner
Full Name (Last name first, if individual)		
33 Jeffrey Court, Basking Ridge, NJ 07920		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	X Director	General and/or Managing Partner
Gallagher, John S.T. Full Name (Last name first, if individual)		
26 Woodfield Road, Stony Brook, New York 11790		
Business or Residence Address (Number and Street, City, State, Zip Code)		

	'		
	Relianteauchterunge		
2. Enter the information requested for the following:			
 Bach promoter of the issuer, if the issuer has been or 	sanized within the past five years;		
 Each beneficial owner having the power to vote or disp 	ose, or direct the vote or disposition	of, 10% or more of a clas	s of equity securities of the issuer.
 Bach executive officer and director of corporate issue 	rs and of corporate general and man	aging partners of partne	rship issuers; and
 Each general and managing partner of partnership iss 	uers.		,
Check Box(es) that Apply: Promoter Beneficia	Owner Executive Officer	XX Director	General and/or
	Discount Office	-E 2"ccroi []	Managing Partner
Shamash, Yacov Full Name (Last name first, if individual)			
7 Quaker Hill Road, Stony Brook	. New York 11790		
Business or Residence Address (Number and Street, City, Sta		·····	· · · · · · · · · · · · · · · · · · ·
(in, air obae,		
Check Box(es) that Apply: Promoter Beneficia	1 Owner Executive Officer	Director D	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
,			
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		
, ,			
Check Box(es) that Apply: Promoter Beneficia	Owner Executive Officer	Director D	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, Sta	ite, Zip Code)		
			•
Check Box(es) that Apply: Promoter Beneficis	al Owner . Executive Officer	Director	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
	,		·
Business or Residence Address (Number and Street, City, St.	ste, Zip Code)		
Check Box(es) that Apply: Promoter Benefici.	al Owner	Director	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
		·	
Business or Residence Address (Number and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply: Promoter Benefici	al Owner	Director	General and/or Managing Partner
	·		
Full Name (Last name first, if individual)		,	
Business or Residence Address (Number and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply: Promoter Benefici	al Owner Executive Officer	Director [General and/or Managing Partner
			viringPinP i gravor
Full Name (Last name first, if individual)	•		
Business or Residence Address (Number and Street, City, St	ate, Zip Code)		

						PeligaeVs	er aftere	n arabita					
	TT 41		446	_ ! !		1 4			41.1 661	0		Yes	No
1.	Has the	issuer solu	, or does th							•	••••••		魯
2	Whatie	the minim	um investm			Appendix,		_				s Nor	16
2.	Witat 15	the minim	um mvesim	ent that wi	in de accep	neu nom a	ny marvidi	uai /	***************	******************************	•••••••	Yes	No.
3.	Does th	e offering p	ermit joint	ownership	of a singl	e unit?	***************************************			*************	•••••		1
4.			ion request										
	If a pers	on to be list	lar remuner ted is an ass	ociated per	rson or age	nt of a brok	er or deale:	r registered	with the S	EC and/or	with a state		
			me of the bi							ciated perse	ons of such		
Ful			first, if indi										
	· · · · · ·		Griffin	•	ities,	Inc.							
Bus	siness or	Residence	Address (N					201		•			
Nat	me of Ass	ociated Br	17 Stat		et, Nev	v iork,	NY TOC						
1441	iiic of 7k3	ociated Di	ORCI OI DC	1101									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	" or check	individual	States)			•••••					States
	AL	AK	AZ	AR	CX	CO	CT	DE	DC	FL	GA	HI	ĪD
	XXX	[N]	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	ΝV	NH	NJ	NM	AXXX)	NC	ND	OH	OK.	OR	PA
	RI	[SC]	SD	TN	KKXX	ŪT]	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (Last name	first, if indi	ividual)	···				·			··· -	
D		Dasidanaa	A d d ()	J	d Charles C	iter Canan S	7:- C- J-)		<u></u>	<u> </u>			
Bu	siness or	Residence	Address (1	vumber an	a Street, C	ity, State, 2	cip Code)						
Na	me of As	sociated Br	oker or De	aler									
Cha	4 i- 11/1	lab Dangar	Listed Has	Caliatead	an Intondo	ta Caliait	Dub						
Sta			or check		•							Al	States
	(Check	7th States	of check	marvidua	diates)		****************		***************************************	•••••••••	••••••••••	۰۰۰۰ لبا	otates
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	Il Name (first, if ind										
1 4	ii itamo (Dasi nume	mot, ii mo	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler						<u> </u>		··· · · · · · · · · · · · · · · · · ·	
Sta			Listed Ha										I Statas
	(Cneck	All State	s" or check	individual	otates)	***************************************	***************************************		******************			LJ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		NE)	IA DIV	KS	KY NI	LA	ME	MD	MA	MI		MS	MO
	MT RI	NE SC	NV SD	NH TN	[NJ]	NM UT	NY VT	NC VA	ND WA	OH WV	OK]	OR WY	PA PR

sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
Type of Security	Aggregate Offering Pri		Amount So	t Aiready Id	
Debt	s ()	\$	0	
Equity			\$4,493,	104	
☐ Common ☐ Preferred					
Convertible Securities (including warrants)	\$*		\$*		
Partnership Interests	\$	· ·	\$		
Other (Specify)	\$		\$		
Total)	\$	0	
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Efering. Age	gregate	
	Number Investors		Dollar	Amount rchases	
Accredited Investors	9		\$ 4,49	3,104	
Non-accredited Investors		3	\$	0	
Total (for filings under Rule 504 only)			\$ N/A	1	
Answer also in Appendix, Column 4, if filing under ULOE.					
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of		Dollar	r Amount	
Type of Offering	Security		Sc	old	
Rule 505			\$		
Regulation A			\$		
Rule 504			\$		
Total			\$		
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•				
Transfer Agent's Fees			\$		
Printing and Engraving Costs			\$		
Legal Fees	•••••		\$ <u>25,0</u>	000	
Accounting Fees			•		
Engineering Fees			\$		
Sales Commissions (specify finders' fees separately)			\$ <u>275</u> ,	000	
Other Expenses (identify)			\$		

and the control of th

\$ \$ 300,000

	e de la company de la comp		H. B.C.	1318		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	SS		\$ <u>4,19</u>	3,104
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d			
) Dir	yments to Officers, ectors, & Miliates		ments to
	Salaries and fees		🔲 \$	0	. 🗆 \$	0
	Purchase of real estate		. 🗆 \$_	0	\$	0
	Purchase, rental or leasing and installation of mac and equipment	hinery	🗀 \$	0	_ []\$	0
	Construction or leasing of plant buildings and fac	ilities	🗆 \$_	0	\$	0
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	ms	0	□ \$	0
	Repayment of indebtedness				_	0
	Working capital					
	Other (specify):					
			🔲 \$_		_ \$_	
	Column Totals		🔲 \$_	0	X \$ <u>4</u>	193,104
	Total Payments Listed (column totals added)			X \$ <u>4</u> ,	193,104	<u>. </u>
		D DODDERAU STOKATURE				
sig	issuer has duly caused this notice to be signed by the acture constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	nission,	upon writt		
Iss	er (Print or Type)	Signature	Date			
Ne	tsmart Technologies, Inc.	Thum CFO	Oct	ober 2/ ,2	1005	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Δ	thony F. Grisanti	Chief Financial Officer				

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

e de la companya de l				
	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Netsmart Technologies, Inc.	Title (Print of Type)	October 21 , 2005
Name (Print or Type)	Title (Print of Type)	
Anthony F. Grisanti	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

3 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors No Amount Investors Amount Yes No . AL AK AZAR Common Stock & CA 1 \$ 18,725 0 Warrants X CO CT DE DC FL GA Н ID Common Stock & Π L 2 0 0 Х Warrants \$3,182,622 \mathbb{N} IA KS KY LA ME MD MA MI MN MS

2 3 4 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Yes No Amount МО MT NE NV ИH NJ NM Common Stock & \$149,777 Х NY 1 0 0 Warrants NC ND OH OK OR PA \mathbf{RI} SC ŞD TN Common Stock & TX X \$561,638 X 0 Warrants UT VT ٧A WA WV WI

					EN(196V				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	unde (if Type of investor and exp amount purchased in State wa		amount purchased in State		under Sta (if yes, explan- waiver	ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

^{*}An aggregate of \$580,342 was received by the Issuer from investors not residing in the United States.